

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/868474

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4		/		/		
5		/		/		
6		/		/		
7		0		0		
8		2		/		
9		1		/		
10		2		/		
11		2		/		
12		0		/		
13				0		
14				/		
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	13	←	14	←		←
TOTAL CLAIMS	15		16			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3						
4		1		1		
5		1		1		
6		1		1		
7				2		
8				1		
9		1		1		
10				1		
11		1		1		
12				1		
13				2		
14				1		
15				1		
16				1		
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TOTAL IND.	2					
TOTAL DEP.	16					
TOTAL CLAIMS	18					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51												
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TOTAL DEP.												
TOTAL CLAIMS												